



APPLICATION
Certificate of Registration
COMPANION HUNTING

Attention: False, inaccurate, or misleading information on this application is a **criminal offense** and **violation** of Utah Code Title 23 Chapter 19 Section 5

Rule R657-12, under Companion Hunting or Fishing “allows” or “states”:

“Upper extremity disabled” means a person who has a permanent physical impairment due to injury or disease, congenital or acquired, which renders the person so severely disabled as to be physically unable to use a legal hunting weapon or fishing device.

- (1) A person may take a protected wildlife for a person who is blind, upper extremity disabled, or quadriplegic provided the blind, upper extremity disabled, or quadriplegic person:
 - (a) Satisfies hunter education requirements as provided in Section 23-19-11 and Rule R657-23;
 - (b) Possesses the appropriate license, permit, and tag;
 - (c) Obtains a certificate of registration from the division authorizing the companion to take protected wildlife for the blind, upper extremity disabled, or quadriplegic person; and
 - (d) Is accompanied by a companion hunter who has satisfied the hunter education requirements as provided in section 23-19-11 and Rule R657-23.
- (2) A person who is blind may obtain a certificate of registration from the Division by submitting a signed statement by a licensed ophthalmologist, optometrist, or physician verifying that the applicant is blind as defined in Section R657-12-2 (a).
- (3)
 - (a) A person who is upper extremity disabled or quadriplegic may obtain a certificate of registration from the division upon submitting evidence of the disability.
 - (b) The division shall accept the following as evidence of an applicant’s disability:
 - (i) Obvious physical disability demonstrating the applicant is quadriplegic or upper extremity disabled as defined in Section R657-12-2 (2) (d); or
 - (ii) A signed statement by a licensed physician verifying that the applicant is quadriplegic or upper extremity disabled as defined in Section R657-12-2 (2) (d).
- (4) The hunting or fishing companion must be accompanied by the blind, upper extremity disabled, or quadriplegic person at all times while hunting or fishing, at the time of take and while transporting the protected wildlife.

☐ **As the applicant I have read and understand the requirements for obtaining this Certificate of Registration.**

Certificate of Registration is issued upon approval of application, and applicant’s purchase of the required license/permit/tag.

I HEREBY APPLY FOR A CERTIFICATE OF REGISTRATION IN ACCORDANCE WITH THE ABOVE STIPULATIONS

Customer Identification # _____

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Gender _____ Weight _____ Height _____ Eye Color _____ Hair Color _____

I hereby certify under oath that the above information is true and correct, that I am eligible to obtain this Certification of Registration in accordance with the stipulations of Rule R657-12, under **Companion Hunting and Fishing**.

Signature of Applicant _____ Date _____

PHYSICIAN'S STATEMENT

(Must be completed and signed by physician for upper extremity and quadriplegic disabilities; or by a physician, ophthalmologist, or optometrist for vision disabilities)

I hereby certify the above named applicant meets the criteria of legally blind, upper extremity disabled, or quadriplegic._

1. The applicant's physical impairment is permanent?: Yes No

2. The applicant is legally blind? Yes No

"Blind" means the person has no more than 20/200 visual acuity in the better eye when corrected; or has, in the case of better than 20/200 central vision, a restriction of the field of vision in the better eye which subtends an angle of vision 20 degrees or less.

3. The applicant is upper extremity disabled or quadriplegic and cannot physically use any legal hunting weapon? Yes No

"Upper extremity disabled" means a person who has a permanent physical impairment due to injury or disease, congenital or acquired, which renders the person so severely disabled as to be physically unable to use any legal hunting weapon or fishing device.

Please explain how the impairment satisfies the state requirement found on this application: (attach additional pages as necessary)

Dr. Office Use Only:

Physician Signature _____ Date _____

Professional Title _____

Physician Name (print) _____ Telephone Number _____

Affix Office Stamp Here: Address _____

City _____ State _____ Zip _____

Division Use Only:

Applicant meets the qualifications for this COR Y N ☐ Need more information

Region _____ Date: _____ Clerk Initials: _____

NOTES: _____

For more information or additional consideration please contact: Kenneth Johnson (801) 538-4839

Fax to: (801) 538-4858

Mail originals to: Attention Licensing

1594 West North Temple Suite 2110

Salt Lake City UT, 84114

***You must provide the original documentation prior to being issued a C.O.R. You may bring this to any division office.**